PERCEIVED FACTORS AFFECTING EMPLOYEE PARTICIPATION IN POLICY FORMULATION
AT THE BARAKA HEALTH CENTRE MATHARE SLUMS NAIROBI, KENYA

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DECLARATION

This research project is my original piece of work and has not been presented for examination in any other institution.

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This research project has been submitted for examinations with my approval as then university supervisor

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DEDICATION

This project is dedicated to my beloved sincere parents Mr. and Mrs. Walubengo for their love, moral support and endless prayers, only God can reward you abundantly. You guided me and showed me the light of academic excellence.

To my lovely Anthony (my companion for life) whose love and care is beyond measure, your financial support has made me go through the course without difficulties.

To my siblings Antoniah and Abigael whose love and encouragement I treasure.

To my classmates, it was a long struggle well endured.
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I appreciate the employees of Baraka Health Centre for consciously and unconsciously helping me realize my research goals. They helped me collect Data and enabled me to successfully complete the task.

Finally, special thanks go to my entire family for their patience and support. I will forever be mindful of the unconditional love, care and understanding you showed me till the completion of this research.
ABBREVIATIONS AND ACRONYMS

CIPD - Chartered Institute of Personnel and Development
TQM - Total Quality Management
AGM - Annual General Meeting
AFL - American Federation of Labour
CIO - Congress of Industrial Organizations
ILO - International Labour Organization
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ABSTRACT

The study of the factors affecting employee participation in policy formulation is an important component in every corporate entity. The purpose of this study was to investigate the factors that affect workers participation in policy making in Baraka Health Centre. Data collection method used was questionnaires. Respondents were Baraka Health Centre Employees. Data was analysed using both descriptive and inferential statistics. Descriptive statistics comprised of means, standard deviations, frequency distributions and percentages. Also factor analysis was used and results were presented in tables and charts. The study established that employee participation in policy formulation leads to a better and acceptable decisions. It also established that participatory policies enhance performance and increases profitability levels for the company. The study will therefore show how workers participation in policy formulation has numerous positive effects on performance, quality and acceptability levels. This research is aimed to act as a reference point for other studies in academic institutions. It has shown that better management, availability of resources and motivated staff, participatory policies would continue to enhance performance thus increasing profitability levels for the organization.
CHAPTER ONE
INTRODUCTION

1.1 Background of the Study

Decision making processes has been on the rise between employees and employers and this shift has been brought about by the vigorous campaigns by the workers union demanding for more audience and participation in the decision making process. According to (David, 2005), in today’s turbulent environment and intense competition, firms are forced to seek ways to be more flexible, adaptive and competitive as they are faced with competitive pressures and rapidly changing markets. Above all, firms are discovering that people really are the most important asset (David, 2005). According to (Cohen, Chang and Ledford, 1997), managers are encouraged to allow a high degree of employee participation and autonomy, which are intended to increase workforce commitment and to humanise the workplace with the intention of improving work performance and good citizenship behaviour. (Barringer and Bluedorn, 1999) posits that, a high degree of involvement (deep employee involvement in decision making) means that all categories of employees are involved in the planning process. Conversely, a low degree of involvement (shallow employee involvement in decision making) indicates a fairly exclusive planning process which involves the top management only.

Grant (2004) observes that the discussions on the importance of workers participation in policy formulation or workers control began far back in 1974 when the right-wing leaders in the British labour movement argued that workers should be consulted on issues that affect their lives; however despite this, real control continued to remain in the hands of the bosses. Initially the workers' participation, which has evolved
overtime, took the form of workers’ cooperatives. There were some illusions in these cooperatives’ that they could exert serious impacts on issues that affect their membership, but they were discouraged by the hard line position of the management thus changed and kept their discussions within harmless, controllable channels.

The study will be guided by motivation and conflict theories. Motivation Theory seeks to lay the foundation for viewing the employee participation in decision making process in relation to motivation accrued in the interaction, drawing from the work of theorist like Douglas McGregor’s theory X and Y, McClelland and Herzberg’s. On the other hand, conflict theories proposed by Karl Max, who argues that society is comprised with people of conflicting interests, thus every cadre in the society has a conflict like, between men and women, rich and poor and as well as between employees and employers.

The study will be carried out at Baraka Health Centre. The Health Centre is at the apex of the health care sector in Mathare valley slums. The General Health Clinic was started in September 1997 with 5 German doctors working as volunteers and usually staying for 6 weeks. The doctors’ team always contains a paediatrician and a surgeon. The other staff members are Kenyans, 53 professional staff like nurses, laboratory technologists, pharmacists and counsellors as well as 35 support staff. Daily, 300-350 patients are seen during clinic hours from Mondays to Fridays as from 8.00am to 4.00pm. The clinic is the entry point for the Nutrition Centre and the Comprehensive Care Clinic.
1.1.1 The Concept of Perception

The process by which people translate sensory impressions into a coherent and unified view of the world around them. Though necessarily based on incomplete and unverified information, perception is equated with reality for most practical purposes and guides human behaviour in general. Theory ‘X’ therefore according to McGregor (1960) perceives an ordinary worker as a lazy person who dislikes work and can only work under close control and threats. Such an employee would opt to earn a wage without sweating for it. A person who is always indifferent to the organizational goals and finally a person who thrives on free things, (Graham & Benet, 1998).

1.1.2 Employee Participation

According to the Chartered Institute of Personnel and Development (CIPD) employee participation is defined as a process of employee involvement which is designed to provide employees with the opportunity to influence, and where appropriate take part in decision making on matters which affect them. According to Farnham (1997) Employee Participation is one of the four policy choices for managing the employment relationship. He states that an employee has the right to question and influence organization decision making which may involve representative workplace democracy.

The other policy choices Farnham (1997) identifies are worker subordination via managerial prerogative, union incorporation via collective bargaining and finally employee commitment through employee involvement. Employee participation in decision making serves to create a sense of belonging among the workers as well as a congenial environment in which both the management and the workers voluntarily
contribute to healthy industrial relations (Noah, 2008). However, Guest and Fatchett, (1974) emphasize that control is the core element of participation.

Employee participation in decision making serves to create a sense of belonging among the workers as well as a congenial environment in which both the management and the workers voluntarily contribute to healthy industrial relations (Noah, 2008). In order to increase the workers commitment and humanize the workplace with the intention of improving work performance and good citizenship behaviour, managers need to permit a high degree of employee involvement (Cohen et al, 1997). Thus, the participation of workers in decision making is considered as a tool for inducing motivation in the workers leading to positive work attitude and high productivity (Noah, 2008).

1.1.3 Policy Formulation

Participation of workers in policy formulation is considered as a tool for inducing motivation in the workers leading to positive work attitude and high productivity (Noah, 2008). In recent times, scholars have directed increasing attention to the issue of worker participation in policy formulation and its broader corollary, industrial democracy. These concerns reflect a growing interest in finding ways to make work more meaningful and satisfying to the workers who would be involved in policy implementation. The concept can also be understood in terms of a new approach to industry and society in which people want to be involved in making decisions which have direct bearing on them.
1.1.4 Factors Affecting Employee Participation

The goal of every organization is to meet its targets; these may be in terms of increasing its productivity, efficiency in service delivery or customer satisfaction, among others. These targets are normally spelt out in the organizations’ policies which are formulated by management but are implemented by employees. Whether or not employees effectively implement management policies, is influenced by several factors; these include: organizational culture, availability of resources, employees’ preparation for changes that may emanate from the policies ratification, employees’ training, organizational ownership, and human resource development strategies, among others (Schroeder, 2009).

Human Resource Management experts for instance, stress on the imperativeness of effective human resource practices such as ensuring job satisfaction, workers’ empowerment, joint consultative forums, and participation in the strategic plans, management and implementation of programs within the organization. Most employees feel that since three quotas of their time is spent working, the management is duty bound to accept certain proposals for betterment of working environment. Today’s workers are well trained and basically understand every detail about work environment and the human right aspect that goes in line with the work place. It is true that most firms have poor participation decision making that mostly lead to sabotage by workers, industrial tension, and reluctance to work, thus leading to low efficiency levels. Also, mostly these decision making policies are never in line with organization needs from time to time however, the top management uses them to maintain the status quo. All these have a bearing on the effectiveness of the organization in terms of service delivery, output and profitability. In this case,
therefore, it is so evident that decision making policies put in place affect the final output in customer satisfaction as it is the first and last objective of an organization.

1.1.5 Baraka Health Centre

Baraka Health Centre is at the apex of the health care sector in Mathare valley slums. The General Health Clinic was started in September 1997 with 5 German doctors working as volunteers and usually staying for 6 weeks. When one doctor leaves a new one comes in. In addition there are 2 German doctors on long term basis. The doctors’ team always contains a paediatrician and a surgeon. The other staff members are Kenyans, 54 professional staff like nurses, laboratory technologists, pharmacists and counsellors as well as 35 support staff. Daily, 300-350 patients are seen during clinic hours from Mondays to Fridays as from 8.00am to 4.00pm. The clinic is the entry point for the Nutrition Centre and the Comprehensive Care Clinic; HIV and TB-clinic.

Baraka health centre’s vision is to provide a dignified life for every marginalized and vulnerable person in Kenya with the mission of Providing accessible, quality and sustainable medical services to the marginalized and vulnerable as well as creating an environment for prevention and awareness for a healthy living, making them custodians of their health. The Health centre lists human resources as the most important resource in the clinic.

1.2 Research Problem

Employee involvement in management decision making is one important aspect of organisational life to achieve increased organisational effectiveness and positive
employee perceptions. Employee participation in decision making is one of the many current forms of employee involvement in the workplace decision making. Managers are encouraged to allow a high degree of employee participation and autonomy, which are intended to increase workforce commitment and to humanise the workplace with the intention of improving work performance and good citizenship behaviour (Cohen, Chang and Ledford, 1997). Employees must be involved if they are to understand the need for creativity and they must be involved if they are to be committed to changing their behaviours in work, in new and improved ways.

Karl’s (2000) model of stakeholder participation seemed to confirm that excluding employees from the planning and implementation of the interventions will likely lead to the lack of ownership of, and commitment to, these interventions and in turn, this exclusion of employees will lead to programme failure.

Baraka Health Centre being an organization has faced the challenge of letting employees participate in policy formulation. The management has always let employees implement the policies that they have not participated in formulating without realizing that employees are unhappy implementing. They feel unappreciated and not trusted with their contributions and yet they are working for the Health Centre. Due to this, the overall performance in the health Centre dropped greatly as the employees lacked passion and drive to work.

The study by Pfeiffer (2000) on large and successful US-companies for 25 years to find out in what respect they differed from other companies noted seven practices: employment security; selectivity in recruiting; self-managed teams and decentralization of decision-making; relatively high compensation contingent on
organizational performance, extensive training; reduced status distinctions and extensive sharing of financial and performance information. Similar researches done by other scholars were adding more variables other than the initial list produced. The study by European Trade Union Confederation held in Brussels on 14th March, 2006 showed that the workers are not only parties to an employment contract, but at the same time are investors and citizens. Workers should be seen as participants in the company, just like shareholders in the sense that they certain risks arising from the company choices. They are concerned with cooperate decisions at different capacities: as workers constituting the human capital of a company and seeking a source of income for their livelihood, good working conditions and employment, regulated by both legislation and collective agreements; as investors, owning shares directly or indirectly, for the most part providing income for their retirement. All citizens interested in social justice and business ethics, not just locally, but globally.

Bauer and Green, (1996) asserts that employees have greater control over decisions that affect them when managers involve them in decision making and, therefore, can protect their own interests. When superiors are comfortable with the competence level of employees, there seem to be trust for the subordinates; and trust has been seen to be highly correlated with participative styles of leadership (Klauss & Bass, 1982). Grant (2004) observes that mining and steel industries boards in West Germany have incorporated employees’ representatives from Trade Unions as a means of achieving workers participation in decision-making. In Malaysia this method of involvement is referred to as indirect participation, which takes place through an intermediary of employee representative bodies (Parasuraman et al, 2011).
According to Were, (2013) health policy process should not only focus on the employees but equally look at the situational factors which are the transient conditions that have impact on policy, Structural factors which are the relatively unchanging elements of the society and polity, the Environmental factors, which are the events structures, and values that exist outside the boundaries of the political system and the Cultural factors, which gives value commitments of groups within communities or society as a whole. Kizito et al., (2008) gives a recommendation in a report submitted to the WHO that There is need to train and raise awareness among all stakeholders on linking policy, planning and budget as elaborated in the Medium-Term Expenditure Framework (MTEF) and other mechanisms for ensuring results based management. This is seen as a facet in reducing go slows and strikes that are prominent in the health sectors.

According to Services and Sanitation, (2012), the policy framework gives a guide that should involve all stakeholders and this aims to ensure that health care services and health interventions are premised on people’s legitimate needs and expectations. This necessitates community involvement and participation in deciding, implementing and monitoring of interventions. The contemporary workplace in Kenya offers many challenges and yet little or no studies have been done to find out if intended firms involve workers in policy formulation or if the joint formulation is delivering its intended benefits to those who use it. The proposed study answered the question: what are the factors that affect employee participation in policy formulation at Baraka Health Centre, Mathare slums in Kenya?
1.3 Research Objective

To establish the factors affecting employee participation in policy formulation at Baraka Health Centre.

1.4 Value of the Study

This study will add value to theories like Alienation theory, Motivation Theory and Conflict theories by forming a basis upon which further research can be done on issues regarding employee participation in policy formulation to enhance organizational performance. Therefore, it can be used as a reference point by both students and lecturers.

The study will enhance the management as the facilitators who will benefit from the integration of workers opinions in any policy formulation. This will help the management during its implementation and thus, therefore, not spend extra resources to conduct sensitization as the policy will have originated from the workers. From the results of this study, both the public and private sector organizations will obtain useful information on the benefits of employee participation in policy formulation.

The results of this study will be beneficial to personnel department of the Baraka Health Centre who may need to re-examine their operations depending on what the research unearths. The research stands also to benefit the workers, who are the main players since they will be implementing policies which they have participated in developing and formulating. This research will therefore integrate the contribution of workers as the key personnel on the ground that is entrusted with policy implementation.
CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction
This chapter introduces us to the literature review of the area of study which is the perceived factors affecting employee participation in policy formulation. First it presents the theories underpinning the study followed by the factors affecting employee participation in policy formulation, general participation in decision making and factors influencing employee participation in decision making. The truth is that the world all over has an ardent task to ensure that all employees are incorporated in the day to day running of the organizations.

2.2 Theoretical Foundation
The following theories are reviewed; motivation theories and conflict theories

2.2.1 Motivation Theory
The motivation content theories laid the foundation for the viewing of employee participation in decision making relative to employee motivation. Participation in decision making, as it relates to a higher level needs, drawn from theorists like Maslow, Alderfer, McClelland, and Herzberg as well as Douglas McGregor’s Theory X and Y that explicitly explains management’s view of employees and its impact. Useful frameworks for understanding employee motivation in the work place can be provided by reviewing contributions of the need theories developed by these theorists. In today’s modern organisations, these need theories imply that higher level needs are responsible for motivating people and interestingly, participating literature and research has identified participation in decision making to satisfy these needs
Trust is considered crucial for organisational effectiveness (Gomez & Rosen, 2001), hence interpersonal trust is at the heart of organisational coordination and control (McAllister, 1995).

Maslow (1943), in the need hierarchy theory brings out the thinking of managers that workers fear responsibility and may not want to answer to anything if given a chance. It is therefore difficult to assign a similar person some responsibility of policy formulation. (Karl Marx, 1880) also brings out the economic difference between the owners of the factors of production and the owners of labour as two antagonist opponents who will always run parallel to one another due to their priorities in life. As one wants to acquire more wealth, the others want to meet his Basic demands in life which creates the parallel gap.

Many are in agreement that even when control is limited to the process of decision making, such as in having the opportunity to voice opinions, it is positively associated with trust in managers (Bauer & Green, 1996). Employees have greater control over decisions that affect them when managers involve them in decision making and, therefore, can protect their own interests. When superiors are comfortable with the competence level of employees, there seem to be trust for the subordinates (Bauer & Green, 1996; Dienesch & Liden, 1986; Mayer et al., 1995; Whitener & Brodt, 1998) and trust has been seen to be highly correlated with participative styles of leadership (Klauss & Bass, 1982). Hence, trust has been identified as an individual factor that could influence employee participation in decision making.
2.2.2 Conflict Theory

Conflict theory, originated from the work of Karl Marx, (1980). It postulates that the society is comprised of people with conflicting interests. Thus, there is conflict between several groups in the society; for example conflict between the rich against the poor, men against women, employers against employees, among others (Bohm and Halley 1996). Williams (2001) explains that different scholars have over the years reasoned that different factors cause conflict in the society. For instance, according to William Bonger conflict is caused by competition under economic self interest in capitalism where the rich seek to accumulate more wealth against the poor. According to Siegel, (1983), it asserts that conflict in the society originates from conflict of norms that different people hold, where every sub-culture in the society holds its own norms. He further opines that, lack of norms that are acceptable to all groups in the society create conflict because norms are rules of conduct thus where there is no consensus culture conflicts arise. Marx Webber asserts that work organizations are bureaucracies which are characterized by fixed jurisdictional areas governed by rules, by-laws and regulations, and there is in place authority which gives official commands to be obeyed by the subordinates. The authority of the offices are hierarchical in nature with the most senior officers to the most junior ones, the senior officers supervise and command the junior officials. This chain of command brings conflict between the management and the workers based on their conflicting interests.

According to Conflict theorists, conflict between employers (the management) against employees in organizations is based on the fact that both have conflicting interests. For instance whereas the management’s main interest is maximizing profits for the organization; the workers want better terms and conditions of work which should be
reflected in better salaries and allowances paid to them; this the management may consider as taking away the profits meant for the organization, conflicts may also arise from the management orders to the employees, which they are expected to obey without question. In recent times, scholars have directed increasing attention to the issue of worker participation in policy formulation and its broader corollary, industrial democracy. These concerns reflect a growing interest in finding ways to make work more meaningful and satisfying to the workers who would be involved in policy implementation. The concept can also be understood in terms of a new approach to industry and society in which people want to be involved in making decisions which have direct bearing on them.

Employee participation in decision making serves to create a sense of belonging among the workers as well as a congenial environment in which both the management and the workers voluntarily contribute to healthy industrial relations (Noah, 2008). In order to increase the workers commitment and humanize the workplace with the intention of improving work performance and good citizenship behaviour, managers need to permit a high degree of employee involvement (Cohen et al, 1997). Thus, the participation of workers in decision making is considered as a tool for inducing motivation in the workers leading to positive work attitude and high productivity (Noah, 2009).

Participation in decision making takes the form of integrating employees into enhancing organizational policies to reflect even the views of the employees. The type of worker participation differ widely with regard to their functions and powers, ranging from informal individual employee suggestion schemes to co-determination
of certain matters by workers' representatives together with management. The mechanisms used for encouraging employees' participation vary widely (Cohen et al, 1997). The main forms that have attracted recent interests particularly in the field of work organization are reviewed in the actual participation in policy formulation. According to Thomason (1984) workers’ participation which has given rise to the need for the development of a more open and integrative approach to the whole question of joint regulation has necessitated providing full disclosure of information about the workers through their trade unions. Control of the organization rests with the management; however participation is a core element in the day today running of the organization. The potential for worker participation in management exists when the worker can exert control. However, Guest and Fatchett, (1974) emphasize that control is the core element of participation.

Participatory management has to be introduced in organizations where power is shared, and everyone is given an opportunity to participate, work is conducted by consensus and multidisciplinary teams are utilized to implement processes. All this demands a corporate culture, in which everyone must adopt the new principles and values. McGregor (1960) contend that worker participation consists basically creating an opportunity with suitable conditions for people to influence decisions which affect them. It is a special case of delegation in which the subordinate gain greater control, greater freedom of choice with respect to bridging the communication gap between the management and the workers. This serves to create a sense of belonging among the workers as well as a conducive environment in which workers would voluntarily contribute to healthy industrial relations.
Work Councils and Committees are joint bodies of managers and employees established to consider and agree key matters affecting employment within the organization (Cole, 2004).

Weiss (1992) describes work council in Germany as a form of institutionalized representation of interests for employees within an establishment. The work council enjoys certain rights to information, consultation and co-determination. The works council is empowered to conclude work agreements at the organization level and, they can initiate complaints where it believes the agreement is not being honoured. The works council must be involved in the following areas before the management takes any decision: accident prevention and health protection issues, training and preparation of a social plan, work rules, working time, the fixing of performance related to pay rates, the manner of payment, the general principle governing holidays and others. Weiss (1992) asserts that the right to consultations accords the work council a chance to play a part in the decisions made by the employer however failure to consult does not invalidate the management decisions. The committee must cooperate with all including the present trade unions and with the employers.

Shareholders are the workers who identify themselves financially with the company and will work harder for its success. The workers are therefore reserved for certain percentage of the company's shares to make them feel part of the organization. As a shareholder he will work more with less supervision in order to get more dividends when they are declared at the end of the business financial year. During the Annual General Meeting, the shareholders give their opinions on how the management should carry out certain activities thus employee participation.
2.3 Factors Influencing Employee Participation in Policy Formulation

The goal of every organization is to meet its targets; these may be in terms of increasing its productivity, efficiency in service delivery or customer satisfaction, among others. These targets are normally spelt out in the organizations’ policies which are formulated by management but are implemented by employees. Whether or not employees effectively implement management policies, is influenced by several factors; these include: employee empowerment; organizational culture; availability of resources; employees’ preparation for changes that may emanate from the policies ratification; employees’ training; organizational ownership; and human resource development strategies (Schroeder, 2009).

Cole (2004) points it out that it is difficult to escape from the influence of ‘the organization culture’ in any consideration of how an organization works. The culture of an organization is its dominant pattern of shared beliefs and values. Handy (1993), points out that anyone who has spent time with variety of organizations will have been struck by differing atmospheres, the differing way of doing things, the differing levels of energy, of individuals freedom and of kinds of personality. Therefore, one cannot write meaningfully about employee involvement in decision making without embedding it within a national cultural context (Hofstede, 2001). Thus, Sagie and Aycan, (2003) proposed a framework that links various types of Employee Participation in Decision Making to the cultural context. This framework was based on two dimensions of Hofstede: power distance and individualism-collectivism, as their link with Participative Decision Making is strongest compared to other cultural dimensions (Heller et al., 1998).
Power distance signifies how individuals regard power differentials within the society or firms (Menzel et al., 2006). It influences the degree to which participation is practiced. In high power distance culture, decision-making is perceived as a privilege of management, and participation is considered as an infringement to management prerogative. Hence, employees are not involved in decision-making. In contrast, in low power distance culture, everyone is perceived to have the potential to contribute to the decision-making process; in fact, everyone is assumed to have equal rights. As such, employees consider it their right to participate in decisions that concern them. (Sagie & Aycan, 2003). On the other hand, individualism collectivism helps identifying the person or group involved in making decisions.

The individualism-collectivism continuum is the extent to which an individual defines himself as either an independent agent or a part of the collective. Cultures high on individualism (or low in collectivism) emphasize the welfare, interests, and goals of the individual and his family. Each member in an individualistic culture is responsible for his actions. One’s participation in decision making is not the business of everyone else. Conversely, cultures high on collectivism (or low in individualism) emphasize the group. In collectivistic cultures the entire group may be held responsible for the actions of its individual members. Hence, no individual is allowed to make decisions alone without the approval of the entire group (Sagie & Aycan, 2003).

Today’s workers are well trained and basically understand every detail about work environment and the human right aspect that goes in line with the work place.
According to (ILO, 2005), workers are encouraged to be skilled and to know their rights at work. The concept of worker or employee participation represents a popular theme in the analysis of the world of work among scholars in the fields of Industrial Sociology, Industrial Relations as well as management. It refers to any arrangement which is designed to involve low cadre employees (workers) in the important decision making within the workplace. This implies that rather than saddling only a group within the enterprise (for instance, management) with the responsibility of making decisions, all those who are to be affected by these decisions (including the workers) are involved.

Empowerment is a noun that comes from the Verb; ‘empower’ which according to Macmillan Advanced English dictionary is to give someone more control over their life or more power to do something. Employee empowerment can take a form of Representation on Supervisory Board where in such situations as in the case in Germany, the workers are always represented on the supervisory boards to participate in certain critical decisions and to contribute their opinions with the interest of the workers in their minds. Theirs is to give the scenario from the workers point of view to the extent that certain critical decisions that could have been harmful to the workers are reversed by the contribution of workers participation. The employee representative's contribution is not over looked because he holds the confidence of the implementers of these issues. Employee empowerment and facilitation for the purpose of enabling them achieve the organizations’ goals, Babbar et.al (1993) opines that the organization must challenge employees and engage them intellectually. By the organisation not recognising the employees’ talents or appreciating those talents, it becomes difficult to unlock the employees’ potential thus a drawback to employee
participation. Collective bargaining is an important aspect of a sound industrial relations system. It is a fundamental tool through which stability is maintained (Silva, 1997). Rycroft and Jordan (1992), define collective bargaining as a voluntary process for reconciling and conflicting interests and aspirations of management through the joint regulation of terms and conditions of employment. Collective bargaining serves to counterbalance the power of the employer according to Davis and Freedland (1983) as cited in Deakin and Morris, (1998). To the workers, it guarantees the creation of certain generalized standards in particular, wages and employment security. Through collective bargaining workers are protected from arbitrary action by employers.

As per ILO (2010), It is the negotiation about working conditions and terms of employment between an employer and a group of employees or one or more employees organizations with a view to reaching an agreement where in the terms serve as a code of defining the rights and obligations of each party in their employment, relation with one another, fix a number of detailed conditions of employment and during its validity none of the matters it deals with can in normal circumstances be given as a ground for a dispute concerning an individual worker. It brings peace and harmony within the work place through co-operation efforts.

Since it has been noted that collective bargaining is a joint decision making process in solving conflicts between the social partners and in determining wages and conditions of employment, its relationship with the law is complementary. Both of them regulate the Wages and Conditions of Employment. The legislations establish basic labour
standards for e.g. minimum wages and annual leave, whereas wages and conditions of employment set by collective bargaining are negotiated and are voluntarily agreed upon by parties. In short the product of Collective Bargaining is the Collective Bargaining Agreement, which is designed to improve on the basic standards (Silva, 1997).
CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction
According to Galliers (1992) research methodology refers to methods that adhere to an orderly sequence of data collection which is the subject matter of this chapter. The chapter describes the research methodology adopted in the study. In particular, research design, population of study, data collection and data analysis.

3.2 Research Design
A research design is a conceptual structure within which research is conducted according to Mugenda and Mugenda (1999). The census study was used since the area of study had a small population. This method enabled the researcher to get detailed information on the factors affecting employee participation in policy formulation at Baraka Health Centre.

3.3 Population of Study
According to Ogula, (2005), a population refers to any group of institutions, people or objects that have common characteristics. The researcher's target population consisted of Baraka Health Centre employees. According to the Staff Hand Book, (2008), the number of employees at Baraka Health Centre was 89 as at June, 2014. This therefore was a census study.

3.4 Data Collection
The study used primary and secondary data. The main data collection instrument was semi-structured questionnaire. This was used for the purpose of collecting primary
quantitative data. The questionnaires was preferred for the following reasons: its potentials in reaching out to a large number of respondents within a short time, flexibility it affords the researcher, it gives the respondents adequate time to fill the questionnaire and it offers a sense of confidentiality to the respondent

The questionnaire was divided into two parts; Part A captured the profile of respondents. Part B focused on factors affecting employees’ participation in policy formulation. Questions in part B were put on a five-point likert –type scale.

3.5 Data Analysis

Statistical techniques were used for getting percentages and averages. The researcher calculated the percentages of the people that responded to a particular question. From this data a descriptive analysis was made. Data was analysed using both descriptive and inferential statistics. Descriptive statistics comprised of means, standard deviations, frequency distributions and percentages. Also factor analysis was used and results were presented in tables and charts. Inferential statistics was in form of factor analysis which was used to bring out few independent factors that do not overlap.
CHAPTER FOUR
DATA ANALYSIS, FINDINGS AND DISCUSSIONS

4.1 Introduction

The chapter presents the results of the data analysis from the completed questionnaire. The results were summarised and tabulated in form of percentages, frequencies mean scores and Standard deviations were used to enhance comparison and interpretation.

Out of the 89 employees of Baraka Health Centre, 40 questionnaires were given out and 35 were returned. The success rate stood at 88%.

4.2 Personal information

This section deals with employee demographics which includes job title, department, and period of work, gender, Age and Job Group and nature of employment of the respondent.

Figure 4.1 Respondents Job Title Representation

![Bar graph showing the job title representation of Male(s) and Female(s) across different job titles.]

Source: (Author, 2013)
From figure 4.2 above there were more female nurses, lab technicians, pharmacists and nutritionists than the males in Baraka Health centre, with more males as clinical officers than the females.

4.2.1 Departments

The departments at Baraka Health Centre were divided into six; Nursing had the highest representation with staff at 43% whereas Nutrition department had the lowest number of employees at 6% as shown in figure 4.2.

Figure 4.2 Department Representation

Source: (Author, 2014)
Table 4.1 Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>No. of Employees</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>12</td>
<td>34</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>66</td>
</tr>
<tr>
<td>TOTALS</td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: (Author, 2014)

Females were more than males by 32%, 34% of the respondents were male while 66% of the respondents were female.

Figure 4.3 Representation of Gender

4.2.2 Age

Table 4.2. shows that 17% were 18-30 years of age, 51% of the respondents were between the ages of 31 - 40 years, 23% fell in the age bracket 41 – 50 years while 7% were 51- 60 years none of the employees was within the age brackets of 60 years and above.
### Table 4.2 Employees age representation

<table>
<thead>
<tr>
<th>Age</th>
<th>No. of Employees</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-30 years</td>
<td>6</td>
<td>17%</td>
</tr>
<tr>
<td>31 years – 40 years</td>
<td>18</td>
<td>51%</td>
</tr>
<tr>
<td>41 years – 50 years</td>
<td>8</td>
<td>23%</td>
</tr>
<tr>
<td>51-60 years</td>
<td>3</td>
<td>9%</td>
</tr>
<tr>
<td>Above 60 years</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>35</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: (Author 2014)

#### 4.2.3 Work Experience

The findings were also indicative of the experience of work based on the age of the individual, from the findings, 6-10 years had the highest representation level at 51%, and in addition, this category reflects the years of employees where 31-40 years records highest at 51%. Whereas 16 years and above recorded the least at 9% as indicated in figure 4.2.5.1
Figure 4.4 Work Experience Representation

Source: (Author, 2014)
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Total</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>We as employees are adequately empowered</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>10</td>
<td>18</td>
<td>35</td>
<td>4.2</td>
<td>9.2</td>
</tr>
<tr>
<td>Our organizational culture encourages employee participation in policy formulation</td>
<td>17</td>
<td>10</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>35</td>
<td>1.9</td>
<td>5</td>
</tr>
<tr>
<td>Availability of resources at the health centre</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>18</td>
<td>35</td>
<td>4.1</td>
<td>15.8</td>
</tr>
<tr>
<td>Employee’s preparation for changes arising from policy.</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>13</td>
<td>15</td>
<td>35</td>
<td>4.1</td>
<td>15</td>
</tr>
<tr>
<td>The level of employee training</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>15</td>
<td>35</td>
<td>3.9</td>
<td>13.6</td>
</tr>
<tr>
<td>Employees Organizational ownership</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>13</td>
<td>11</td>
<td>35</td>
<td>3.9</td>
<td>12.6</td>
</tr>
<tr>
<td>Human Resource Development strategies</td>
<td>5</td>
<td>2</td>
<td>5</td>
<td>12</td>
<td>11</td>
<td>35</td>
<td>3.6</td>
<td>12.1</td>
</tr>
</tbody>
</table>
Table 4.3 shows that employees at Baraka health Centre are adequately empowered at a mean of 4.2, which represents Great extent of acceptance, on the contrary, the staff of Baraka Health Centre who were sampled, feels that the organizational culture does not encourage employee participation in policy formulation at a mean of 1.9.

Availability of resources at the health centre and preparation of employee for changes arising from policies made were satisfactory to the staff interviewed at a mean of 4.1 which is on a Great level, employee training, ownership of the organization and shareholding ability in the Baraka Health centre was moderate at a mean of 3.9, over and above, the representation to the work council by representatives of employees equally was on a moderate level at a mean of 3.7. This translates to a general moderate acceptance of the policies, preparation and inclusion at the Centre at a mean of 3.7.
Figure 4.5 Employees responses on empowerment at work

Source: (Author, 2014)

When it came to matters that regards to employee empowerment, 51% of the employees felt empowered to work as compared to 3% who had a contrary opinion on empowerment of employees, as represented in figure 4.5.

Figure 4.6 Employees responses on participation in policy formulation

Source: (Author, 2014)
Figure 4.6 is indicative that 48% of the respondents felt that there is less being done to encourage employee participation in policy formulation, while in contrast only 3% felt that much is done to encourage employee participation in policy formulation.

Figure 4.7 Employees responses on availability of resources in the health centre

Source: (Author, 2014)

According to the responses collated in figure 4.6, 51% of them felt that Baraka Health Centre availed resources for work while only 6% felt contrary that the availability of resources were not being availed to enhance their work.
Figure 4.8 Employees responses on preparation for changes arising from policy

Source: (Author, 2014)

Figure 4.8 shows that 43% of the respondents were affirmative on the preparation of employees regarding the changes arising from policy formulated, whereas only 3% were not impressed on how employees were being prepared for the changes in the policies formulated.

Figure 4.9 Employees responses on level of employee training

Source: (Author, 2014)

From the responses collected from the staff of Baraka Health Centre, 47% of the employees felt that the clinic is doing much on employee training, on the contrary,
only 5% of the workforce felt very less work is done on the employee training, while 16% had a moderate feeling that not much and not less was being done for the employee training as represented in figure 4.9.

**Figure 4.10 Employees responses on Organizational ownership**

![Pie chart showing employee responses on organizational ownership](image)

Source: (Author, 2014)

Based on the feedback given in figure 4.10, 6% of the employees were not impressed on the organizational ownership strategies of the management, while 37% of the team felt that the management is doing enough in making organization be owned by employees through opinions raised in meetings and workshops.
Source: (Author, 2014)

From the gathered responses in figure 4.11, 34% of the workforces were feeling great with the Human Resource Development Strategies that Baraka Health Centre has put in place to increase employees’ efficiency at work, while 6% of them felt less moved by the Human resource Development Strategies being put in place.
Figure 4.12 Employees responses on shareholding rights of Baraka Health Centre

Source: (Author, 2014)

Having the shareholding rights of Baraka health Centre was equally a strategic factor for the employees, with 43% having a very strong perception for the shareholding rights while 3% had a Very low perception on the shareholding rights of Baraka health centre by employees as represented in figure 4.12.
According to figure 4.13, representation of employees in the health centre committee was equally a pointer for growth for the employees and based on their responses, 40% of them had a Very strong perception that inclusion of them in the committee will be a step in encouraging employees to policy development and formulation, while only 9% had a Very low perception of being included in the committee of the Health Centre.

4.3 Discussion of Findings

The study sought to establish factors affecting employee participation in policy formulation and based on the findings; Baraka Health Centre has six departments: Nursing, laboratory, counselling, nutrition, clinic and public health, of which nursing department have the highest representation with staff at 43% with Nutrition department being the lowest with employees at 6%. The staff that works at the Centre are both males and females, though females were more than males representing 66% against 34% of the males.
Baraka Health Centre has a youthful staff where the highest representative age group that was employed fell in the age bracket of 31 and 40 years at 51% who equally had an experience range of between six (6) and ten (10) years of health practice.

According to (Wu, April 2013) leadership and management should take a holistic view and managers should rather be commanders rather than a general who takes tasks alone, in relation to Baraka Health Centre Management, 51% of the employees feel highly empowered and this can be through the training that the organization gives as well as the delegation of duties that the managerial team has engaged them with, though according to (Dell & Crisp, 1993) difficult employees who are the minority and in this case less empowered can foster unhappiness and unrest and thus an organization should equally shift not only to the generation of profit and rather to increase employees social belonging to the organization for more productivity. Baraka Health Center has prepared the employees on policies that have to take place within their work programs, based on this (Frank, Andrea, & Ralph, 1994) observers that policies involves engaging employees to take certain roles assigned to them by the management.

From the findings employee participation is moderate both in the representation of others in the committee as well as preparation on the new policies that are made by the management which makes it had for the employees to embrace the organizational culture which was lowly rated at a mean of 1.9 regardless of the ease of accessibility to working materials which was at 51% and employee training at 47%
CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This study was undertaken to find out perceived factors affecting employee participation in policy formulation within Baraka health centre. From the study, it was evident that the workers are more comfortable when implementing policies they have participated in making. The study was a census study with a sample of thirty five respondents who are employees of Baraka Health Centre.

5.2 Summary

From the findings, females were more than males, representing 66% against 34% respectively. 31-40 years age bracket had more representation in workforce and years of experience at 51%, this translates to 6-10 years of experience, with the least being 51-60 years at 9% who represents 16 and above years of experience.

When it came to employee empowerment, 51% of the employees felt more empowered to participate in policy formulation with the mean score of 4.2 and standard deviation of 9.2, while on the contrary the organizational culture was inhibiting participatory policy formulation at 48%. Employees felt that resources were available for use at 51%. Consequently, 43% of the employees felt that the organization is doing enough to prepare them for any changes in policies formulated.

47% of the workforce at Baraka Health Centre felt that training of employees was given more prominence against 5% who felt less is being done on training of employees. 37% of the employees felt great on the trust level given on the by the
organisation and felt to be part of the leading team in operational duties, on the other hand 43% of the employees equally felt that they should have shareholding rights in the organization. Human resource development strategies in the Baraka Health Centre were of equal importance to the employees, where 32% of the workforce felt to a great extent that the human resource development strategies were beneficial. Representation in the decision making committee was important for the employees and 40% of the workforce felt that they should be represented in the hospital committee to provide ideas on organizational decision making process. The grand mean stood at 3.7

5.3 Conclusion
This research has come up with various benefits that that the management in organizations need to look into. It has also established that a lot need to be done to facilitate increased efficiency of the system towards better policy acceptability within the health centre.

Recommendations and suggestions are therefore made with the hopes that it will be implemented. In undertaking this research, it was established that regardless of how much the management has been able to do in terms of embracing workers in policy formulation, a lot still need to be done.

It was within the framework of this research that employee attitude towards policy formulation and implementation was critically analysed. The conclusions drown shows that effective participation in policy formulation was a function of positive employee attitude, high employee morale and good human relations at work place as well as effective communication. This researcher therefore recommends that health
centre adopts this approach to assist in reducing tension in work place.

5.4 Recommendation

From the finding of the study, the researcher would recommend that the culture of the organization need to support employee participation in policy formulations so that it can be easy for the management to accept participation. Also there is need to empower employees for them to have increased accountability in terms of workers involvement in policy formulation. The workers need proper training for them to take responsibilities. This ensures that they make informed decisions and look at management decisions positively. It therefore shows that employees need to be more prepared for the changes that arise from policy formulation for better implementation.

5.5 Recommendations for Further Research

This study focused on the perceived factors affecting employee participation in policy formulation. It is therefore recommended that further research work be carried out with a more sample to provide a deep insight since the researchers sample was small and dictated by time and resources at hand. The researcher would also recommend that a research is carried out from the perspective of the worker refusing to get involved in policy formulation as a result of fear of making decisions and owning the decisions he has made.
REFERENCES


Session. Geneva: ILO.


APPENDIX I

QUESTIONNAIRE
The purpose of this questionnaire is to assess the impact of workers participation in decision making practices in organizations. It is for the benefit of all parties involved in industrial relation systems in Kenya.

PART A: Profile of the Respondents (tick one)

1. Job Title……………………………………………………………………………………………

2. Name of Department………………………………………………………………………………

3. How long have you worked for the organization?
   1-5yrs ( )  6-10yrs ( )  11-20yrs ( )  21yrs and above ( )

4. Gender
   Male ( ) Female ( )

5. On what terms of service are you employed?
   Permanent ( ) Temporary ( ) Contract ( ) Casual ( )

6. Age bracket
   18-30yrs ( ) 31-40yrs ( ) 41-50yrs ( ) 51-60yrs ( ) Above 60yrs ( )
PART B: Factors Affecting Participation in Policy Formulation

To what extent do the following accurately describe the situation in the health centre? Rate in the appropriate box against each statement.

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<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>7. Employees are adequately empowered</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8. Our organizational culture encourages employee participation</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Availability of resources at the health Centre</td>
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<tr>
<td>10. Employees preparation for changes arising from policy</td>
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<tr>
<td>11. The level of employee training</td>
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<td></td>
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<tr>
<td>12. Employees organizational ownership</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>13. Human Resource development Strategies</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
14. Employees are shareholders in the Health centre

15. Good representation of the work council/committee at the Health Centre